

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/1696103

FILED DATE

		CLAIMS					
		BEFORE		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	5	0	1	0	0	0	0
TOTAL DEP.	0	0	0	0	0	0	0
TOTAL CLAIMS	5	0	1	0	0	0	0

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS